|  | PATENT A  |   | 096            | , 67 ;                        | コイソフ                         |                  |   |                   |                        |    |                               |                        |  |
|--|---|---|----------------|-------------------------------|------------------------------|------------------|---|-------------------|------------------------|----|-------------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |   |   |                |                               |                              |                  |   | SMALL ENTITY TYPE |                        |    | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| TOTAL CLAIMS 45  |   |   |                |                               |                              |                  |   | RATE              | FEE                    | ]  | RATE                          | FEE                    |  |
| FOR  |   |   | NUMBER FILED   |                               | NUMBER EXTRA                 |                  |   | BASIC FE          | E 355.00               | OR | BASIC FEE                     | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |   |   | 45 minus 20=   |                               | . 25                         |                  |   | X\$ 9=            |                        | OR | X\$18=                        | ILC"                   |  |
| INDEPENDENT CLAIMS   |   |   | # minus 3 =    |                               | · 10 1                       |                  | ı | X40=              |                        | OR | X80=                          | SU                     |  |
| MU   | LTIPLE DEPEN  | DENT CLAIM PI                             | RESENT         |                               |                              |                  |   | +135=             |                        | OR | +270=                         | <u> </u>               |  |
| * If the difference in column 1 is less than zero, enter "0" in column                               |   |   |                |                               |                              | olumn 2          | ı | TOTAL             |                        | OR | TOTAL                         | 1240                   |  |
| /75//LÉLAIMS AS AMENDED - PART II  |   |   |                |                               |                              |                  |   |                   |                        |    | OTHER                         | THAN                   |  |
| $\dashv$   | // / (Column 1) (Column 2) (Column 3)   |   |                |                               |                              |                  |   | SMALI             | ENTITY                 | OR | SMALL                         |                        |  |
| AMENDMENT A.   |   | REMAINING<br>AFTER<br>AMENDMENT           |                | NUM<br>PREVIO<br>PAID         | BER<br>DUSLY                 | PRESENT<br>EXTRA |   | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   |   | Minus          | 71/                           | <del>2</del>                 | =                | 1 | X\$ 9=            |                        | OR | X\$18=                        |                        |  |
|  | Independent   | NTATION OF MI                             | Minus          | FAIDENG                       | F C1 A194                    | -                |   | X40=              |                        | OR | X80=                          |                        |  |
|  | FINST PRESE   | NIAIJON OF MI                             | JUIPLE DEP     | ENDEN                         | CLAIM                        |                  |   | +135=             |                        | OR | +270=                         |                        |  |
|  |   |   |                |                               |                              |                  | ı | TOTA<br>ADDIT. FE | _                      | OR | TOTAL<br>ADDIT. FEE           |                        |  |
| (Column 1) (Column 2) (Column 3)   |   |   |                |                               |                              |                  |   |                   |                        | •  | ADDI1. 1 CE                   |                        |  |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGH<br>NUM<br>PREVIO<br>PAID | IBER<br>OUSLY                | PRESENT<br>EXTRA |   | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | •   | Minus          | **                            |                              | =                |   | X\$ 9=            |                        | OR | X\$18=                        |                        |  |
|  | Independent   | NTATION OF M                              | Minus          | FNDEN                         | CLAIM                        | =                |   | X40=              |                        | OR | X80=                          |                        |  |
| <b>L</b>   |   |   |                | <u> </u>                      | . 00                         |                  | ' | +135=             |                        | OR | +270=                         |                        |  |
|  |   |   |                |                               |                              |                  | , | TOTA<br>ADDIT. FE |                        | OR | TOTAL<br>ADDIT. FEE           |                        |  |
|  |   | (Column 1)                                | · <del>-</del> | (Colu                         |                              | (Column 3)       | _ |                   |                        |    |                               |                        |  |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | PREVI                         | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |   | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | •   | Minus          | ••                            |                              | =                |   | X\$ 9=            |                        | OR | X\$18=                        |                        |  |
|  | Independent   | ·   | Minus          | ···                           | T (1) 4411                   | =                |   | X40=              |                        | OR | X80=                          |                        |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                |                               |                              |                  |   | .125              | 1                      | 1  | .270-                         |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                |   |   |                |                               |                              |                  |   |                   |                        | OR | +270=<br>TOTAL                |                        |  |
| ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE |   |   |                |                               |                              |                  |   |                   |                        |    |                               |                        |  |
|  | The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                |                               |                              |                  |   |                   |                        |    |                               |                        |  |

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Application or Docket Number